**National Allergy Council**

**Food allergy record template - Schools**

Student’s Name: Date of Birth:

Parent/Guardian Names:

Address:

Postcode:

Phone (H): (W): Mobile:

**Dietary information**

1. What food/s is your child allergic to?

2. What alternative foods can your child consume? *(e.g. soy milk for milk [dairy] allergy)*

3. Does your child have any other special dietary needs? *(e.g. food intolerances, vegetarian, cultural)*

4. Are there particular products\*, brands\* of products that your child eats regularly? *(\*staff must check the product label for food allergens every time, even if the product is recommended by the parent)*

5. Are you likely to provide any food for your child for any of the following:

Boarding school (where applicable) [ ]  Yes [ ]  No

Camp (where applicable) [ ]  Yes [ ]  No

Treats *(such as cupcakes to celebrate birthdays)* [ ]  Yes [ ]  No

Special activities *(such as parties, food experience activities, such as cooking; excursions)* [ ]  Yes [ ]  No

6. Is there any additional information about your child’s food allergies that we should know?

Parent/Guardian Signature: Date: